

(703) 305-3734

SERIAL NO. 097743110

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7		6					57						
8		7					58						
9		8					59						
10		9					60						
11	1	1					61						
12		2					62						
13		3					63						
14		4					64						
15		5					65						
16		6					66						
17		7					67						
18		8					68						
19		9					69						
20		10					70						
21	1	1	1	1			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25	1	1	1	1			75						
26		1		1			76						
27		1		1			77						
28		1		1			78						
29	1	1	1	1			79						
30	1	1	1	1			80						
31	1	1	1	1			81						
32	1	1	1	1			82						
33	1	1	1	1			83						
34		1		1			84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		3				TOTAL IND.						
TOTAL DEP.	34		7				TOTAL DEP.						
TOTAL CLAIMS	41		10				TOTAL CLAIMS						